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Elizabeth O'Neill

The University of Kansas, beth.oneill@ku.edu

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Guardians of Chastity and Morality: A Century of Silence in Social Work

ELIZABETH A. O'NEILL

University of Kansas
School of Social Welfare

Reflecting the social norms of the late 1800s and early 1900s, much of social work practice aimed to promote moral sexual behavior and penalize deviance. Even following the widespread adoption of psychoanalytic theory in the United States, social work persisted in having a poorly defined role with regard to issues of sexuality. In the 21st century, the profession continues to largely limit its involvement in matters of sexuality to those practice situations where deviance and public health concerns predominate. Limited topical exposure in peer-reviewed publications and the lack of broad-based human sexuality education for social workers perpetuate the invisibility of sexuality in the social work profession.

Key words: Sexuality, social work, history, prostitution, public health

Since social work's inception in the late 1800s, the profession has struggled to integrate sexuality as a normal part of the human condition. The social norms of the late 1800s and early 1900s promoted the preservation of chastity until marriage for both men and women, but such preservation was "indispensable in women and [only] desirable in men" (Addams, 1912, p. 210). Sexuality was viewed as private, but the societal concern that children might learn deviant behaviors led to misplaced efforts for changes in a woman's behaviors based on social morals. Early social workers were especially focused on a woman's participation in prostitution, extra-marital sex, and employment.

Following the emergence of Freud's psychodynamic theory

in the United States, and the eventual successful public health campaign regarding venereal disease, discussions related to sexuality assumed a more prominent place in society. Freud's influence could be noted in the writings and practices of many professions, however social work continued to struggle to fully integrate sexuality into practice with individuals, couples, families, groups, and communities.

Recent public discussions of sexuality in the United States have prompted political and social debates regarding what are considered "acceptable" sexual practices, be they personal, social, or educational. Nonetheless, content related to human sexuality is not well integrated into social work education and practice, and research and scholarly writings related to sexuality have had limited visibility in the profession's peer-reviewed journals. Beginning with the early writings of Jane Addams and Mary Richmond, this manuscript traces the profession's relationship with matters of human sexuality and links its history to current social work practice, research, and education. In the end, the argument is made for social workers to advance their knowledge of human sexuality, make human sexuality a matter of social work research, advocate for policies and practices that promote sexual health, and embrace sexuality as the timeless essential component of a healthy population.

Sexuality in the Time of Positive Environmentalism

Much discussion in the social work profession has focused on the competing philosophies of Jane Addams and Mary Richmond (Abramovitz, 1998; Franklin, 1986; Lundblad, 1995). However, analysis of their early writings reveals a shared philosophy regarding sexuality. Aligning with the societal view of sexuality as a private matter, the topic was rarely openly discussed during the course of their work (Addams, 1912, 1914; Richmond, 1912, 1922; Richmond & Hall, 1974). When sexuality was discussed, it was in the context of the perceived immoral behaviors that needed to be changed for the benefit of the individuals, their children, and the young people of the community. Discussions with clients (primarily women) also centered around risks for venereal disease, and other communicable diseases, perceived as being the result of immoral sexual behavior. Both Addams and Richmond used their

influence and skill to control the opportunities and resources available to their clients in effort to shape sexual and caregiving behaviors.

Both Addams and Richmond pointed to recreation as a mode for shaping appropriate behaviors. Recreation is a key component of the theory of positive environmentalism, which sought to implement changes in the environment to encourage proper moral development (Boyer, 1992). This philosophical approach was very popular among a variety of academic disciplines at the end of the 19th and beginning of the 20th centuries, including both Settlement House and Charity Organization Society leaders (Boyer, 1992). Those who considered themselves to be positive environmentalists sought to create a city where "objectionable patterns of behavior ... would gradually wither away" (Boyer, 1992, p. 221). Followers sought to create opportunities for positive recreation, such as parks and dance halls serving non-alcoholic beverages, and gently guide community members towards those activities. Extreme measures such as prohibition were to be avoided; the preferred strategy was to provide options that would be viewed as equally desirable and then naturally and eventually lead to the closure of saloons and brothels (Boyer, 1992; Calkins, 1919).

Addams and Richmond shared the view that sexual immorality could be unlearned (Addams, 1912; Richmond & Hall, 1974). As a result, these women purposely set out to prevent the next generation from participating in immoral sexual activities. Holding to their differences in their separate efforts, Addams tended to focus her work on the community and Richmond on individual behavior.

Jane Addams' Approach to Shaping Appropriate Recreation

Jane Addams advocated for the creation of "small parks, municipal gymnasiums, and schoolrooms open for recreation" in an effort to prevent young people from participating in inappropriate activities (Addams, 1914, p. 351). She acknowledged the human being's innate need for companionship, affection, and adventure, which she believed could be easily misguided in urban cities that more often offered moral isolation (Addams, 1912). Addams called for the creation of

appropriate outlets for the expression of these innate needs in an effort to shape moral behavior and reduce the opportunity for moral isolation.

Addams described the dangers lurking in public dance halls "and even darker places" where immoral behavior was encouraged through the guise of innocent enjoyment of music and dancing (Addams, 1914, p. 350). Addams advocated for change in the regulation of alcohol in saloons and the prohibition of alcohol in dance halls, believing that alcohol increased the likelihood for immoral sexual activity and for a woman's entry into prostitution, and she advocated for a public education campaign to warn of the strong connection between the two (Addams, 1912). Addams believed it is the responsibility of society to regulate an individual's alcohol consumption, a sentiment representative of the positive environmentalism framework for which Addams is known (Addams, 1912).

Settlement Houses, typically located in areas with large immigrant populations, were designed to provide an outlet for appropriate recreation and adventure, offering opportunities for education, employment, and appropriate fellowship with neighbors. Social workers were concerned about young people's interest in "cheap pleasure" and attraction to immoral establishments; as a result, one of the primary functions of Hull House was to provide "opportunities for clean recreation ... [including] dancing parties with soft drinks established in its foyer" (Addams, 1914, p. 349). Addams operated under the assumption of there being a strong link between inappropriate recreation and immoral sexual activities. The relationship of this "clean recreation" to appropriate moral activities is clear in her description of the rules guiding the dancing events: excluding anyone under the influence of alcohol, forbidding dancing that could lead to sexual activity, and setting a closing time that discouraged late night, immoral, activities (Addams, 1914).

While Addams' approach may now be viewed as manipulative and perhaps even paternalistic, in her time it was viewed as a necessary means of assuring social control and justice in a very crowded, urban community, characterized by chaos (Trattner, 1999). Her approach was also a preventive community-based approach, where social work services were

provided to large groups of people at the same time and where opportunities for neighbors to form natural support systems were presented (Trattner, 1999).

Jane Addams' Focus on the "White Slave Trade"

Although forthright discussions of sexuality issues were not part of Addams' practice, she clearly felt a particular passion for preventing young women from becoming victims of the white slave trade. In her book, *A New Conscience and an Ancient Evil*, Addams detailed her beliefs about the "white slave trade(r)" (1912, p. 21) and the "commercialized vice" (p. 9) of prostitution. Addams (1912) wrote of young immigrant women "imported from abroad" (p. 17), non-English speaking, unable to navigate the city, and unaware of U.S. customs. She also wrote of young "country girls" who came to the city from rural communities and who were quickly "recruited into a disreputable life" (Addams, 1912, p. 145).

Addams did not place the blame for these innocent victims' entry into commercialized sex solely on individual choices and pathology, noting the "revelation of the dangers implicit in city conditions and of the allurements which are designedly placed around many young girls in order to draw them into an evil life" (Addams, 1912, p. ix). Her writings indicate a belief that these girls are innately moral, but are unable to resist temptation due to their innocent rural upbringing. She remarks on their lack of "social restraint," and when living in a smaller community their understanding that "any suspicion of immorality would quickly ruin [their] social standing" (Addams, 1912, p. 213). To save the innocent victims of commercialized sex, Addams committed to changing the environment to eliminate the moral isolation that the city offered and called on society to impose stricter regulations on alcohol (Addams, 1912).

Addams identified a difference between the innocent victims of the white slave trade and street prostitutes who were "hardened by long practice" and no longer victims (Addams, 1912, p. 47). Addams additionally viewed prostitution as a learned behavior: street prostitutes make young girls more susceptible to being recruited into the white slave trade and young men learn to perpetuate the demand. As a remedy, she called for the streets to be cleared of the women choosing to

engage in street prostitution, as a way of preventing innocent young boys and girls from being exposed to the behavior: "At least this obvious temptation to young men and boys who are idly walking the streets might be avoided.... Were the streets kept clear, many young girls would be spared the familiar knowledge that such a method of earning money is open to them" (Addams, 1912, p. 48).

Mary Richmond on Sexuality

Mary Richmond, distinguished for her leadership within the Charity Organization Society (COS) movement, charged her "friendly visitors" with providing monetary relief to poor widows through the Aid to Dependent Children program (Handler & Hasenfeld, 2007). In line with the Christian moral underpinnings of the era, virtuous behavior was expected in exchange for the receipt of aid. The burden of proof to substantiate the judgment of immorality was very low, and even perceived immoral behavior could threaten a family's benefits. The belief that immoral sexual behavior should be curtailed was so strong that at times neighbors were recruited to monitor the behavior of unmarried women who were to be discouraged from engaging in sex (Wahab, 2002).

Like Addams, Richmond wrote about the importance of recreation in the enjoyment of life, and stressed to the friendly visitors that recreation be included in their family assessments. Richmond advocated for manipulation of a person's recreational activities in the effort to improve their social condition (Richmond, 1912), an effort that stems from Richmond's belief that improper recreation, such as trips to the saloon and gambling, is common among the poor, whose "down-trodden, sordid life ... wastes itself upon unworthy and degrading pleasures" (Richmond, 1912, p. 127). While her push for recreational activities is in line with the ideals of positive environmentalism, Richmond tended to focus her interventions on individuals and families, not on the recreation available in the community.

Richmond's attitudes regarding sexuality and the mother's role in shaping appropriate moral character are evident in her work with families. As part of the assessment process when working with widowed mothers, friendly visitors were

to include discussions about work hours and taking in boarders. Women were directed by their friendly visitors to avoid early morning and late evening office cleaning as a form of employment, because it "leads them by saloons and other temptations" (Richmond & Hall, 1974, p. 21). Concerns were expressed that women would either be tempted to engage in immoral activity, or that merely being seen walking near such a business would be perceived by others as being immoral. In fact, financial assistance could be made conditional on quitting such a job (Richmond & Hall, 1974). If alternative employment was not immediately available, or if the friendly visitor found through her assessment that it would be more beneficial for the woman to be at home with her children, additional financial relief would be provided to lessen the woman's burden (Richmond & Hall, 1974).

Richmond and the COS closely monitored any boarders that lived in the homes of single and widowed women. Richmond writes, "for moral reasons it has been the general policy of the Societies to discourage the keeping of male boarders or lodgers other than relatives" (Richmond & Hall, 1974, p. 29). A woman's natural sexuality and desire for intimacy and companionship were not acknowledged by Richmond, and in fact a widowed woman was penalized through the withholding of financial relief if it was perceived that she was engaged in a sexual relationship, since by definition she was no longer married. Richmond additionally wrote of the need for the COS to remove children from the home of women determined to have engaged in sexually immoral behaviors because they were "exerting a very bad influence over [their] children" (Richmond & Hall, 1974, p. 34).

Katharine Bement Davis' Sexuality Research

Addams and Richmond were not the only professionals endeavoring to shape or perhaps even control women's sexuality in the early 1900s; at this same time female prison administrator and political figure Katharine Bement Davis was also actively engaged in research and practice related to human sexuality. Though referred to by some as a social worker, Davis is more often identified as a sociologist and criminologist (Deegan, 2003) and is known for her

contributions to sexuality research during this same time. Her entry into social service work began in 1892 when she assumed the head worker position at Denison House, a settlement house in Philadelphia (Deegan, 1988, 2003). Soon after, Davis returned to school and earned a doctoral degree in political economy and sociology (Deegan, 2003), and immediately after, Davis was appointed superintendent of the New York State Reformatory for Women at Bedford Hills, which provided an alternative to traditional incarceration for young women between 16 and 30 years of age who were capable of reform and had not previously been convicted of a felony (Deegan, 2003; Kneeland & Davis, 1913).

Many of the young women inmates at Bedford Hills during this time had been arrested for prostitution, which at the time only had to be suspected and might include behaviors such as flirtatiousness and premarital sex (Bowler, Leon, & Lilley, 2013). Davis believed young women in the reformatory could be re-educated through "progressive education" (p. 22) to change behaviors that resulted in their incarceration (Deegan, 2003). These young women were engaged in curative outdoor work, reflective of the positive environmentalism movement of the time, and also received basic academic education and sex hygiene instruction, and they were required to participate in religious activities (Bowler et al., 2013; Deegan, 2003; Kneeland & Davis, 1913).

In an attempt to understand the physical, mental, moral, and social makeup of the women sentenced to Bedford Hills, the Bureau of Social Hygiene, of which Davis was a member, established the Laboratory of Social Hygiene adjacent to the reformatory (Kneeland & Davis, 1913). Observations, case records, and indirect reports formed the basis for Davis' first sexuality study of 647 women who had been engaged in prostitution and committed to Bedford Hills (Kneeland & Davis, 1913). The study sought to comprehensively describe the women's familial and personal backgrounds, physical and mental health status, sexual offense history, and motivations for entering into prostitution. Interestingly, Davis' findings (Kneeland & Davis, 1913) were contradictory to statements made by Addams: she identified alcohol use as a "consequence rather than a cause of a life of prostitution" (p. 185) and refuted

the belief that "the ranks of prostitution are recruited from country girls brought to the city for the purpose of immorality" (p. 183).

Following her tenure at Bedford Hills, Davis began a large study that focused on the physical and mental aspects of sex in "normal" (p. ix) women (Davis, 1929). This large sexuality study was both controversial and novel, as it targeted sexual behaviors traditionally regarded to be private, and included both married and unmarried women (Deegan, 2003). The questionnaire included the topics of contraception, masturbation, sexual desire, frequency of sexual activity, homosexuality, and fertility (Davis, 1929). This was the first known study of sexual behavior in women that focused on normalizing sexuality and is evidence of the movement from a moralistic approach to a more scientific one. Her work has been cited by hundreds of scholars, including notable sex researcher Alfred Kinsey and psychologist Abraham Maslow.

Prostitution as a Public Health Concern

An increased focus on personal cleanliness, inoculation, cures, and identification and segregation of carriers of illness followed the discovery of the "germ" in the 1870s (Trattner, 1999). The complicated relationship between poverty and communicable disease did not go unnoticed and was the focus of both public health and social work efforts (Trattner, 1999). A syphilis diagnosis carried additional moral implications due to sex being regarded as a private matter, and this emphasis on privacy made it difficult to launch a widespread campaign in the early 1900s to reduce the spread of venereal diseases. Instead, doctors, nurses and social workers provided individual education about these conditions, and consequently, both Addams and Richmond began to consider this public health threat in shaping their practice strategies.

Addams stressed the existence of a strong link between prostitution and communicable diseases. She remarked "the social evil is directly responsible for germ diseases more prevalent than any of the others," and that the medical profession had been called throughout history to "control the diseases resulting from the commercialized vice" (Addams, 1912, p. 182).

While Addams herself regarded sex as private, she blamed the various institutions in society for refusing to discuss the matter publicly, thereby contributing to the spread of disease. It may be that her desire to protect innocent people from contracting venereal disease was an exception to sexual privacy, seen when Addams spoke of young children infected as a result of incest and women infected as a result of their husbands' extra-marital sex (Addams, 1912).

Mary Richmond said very little about syphilis in her early writings, with one notable exception, when she described a discussion had with a young woman with syphilis. Richmond applauds a friendly visitor's willingness to be "honest and frank" in informing this young woman about the frequent reasons behind a syphilis infection (Richmond, 1922, p. 40). Like Addams, the friendly visitor linked syphilis infection to "promiscuity" (Richmond, 1922, p. 41).

During the last decades of the 1800s and first decades of the 1900s, syphilis was primarily identified as a disease related to promiscuity and prostitution, and a disease that persisted among the poor, who were thought more likely to engage in immoral behavior. The public did not fully accept a public health campaign regarding venereal disease until decades later, but small strides were made along the way, in part because of Freud's influential theory of psychosexual development and the more frequent appearance of the disease in the middle and upper classes.

The Influences of Psychodynamic Theory on Sexuality

Sigmund Freud was the first to explore the role of the unconscious and childhood experiences on behavior, as well as the connection between external experiences and a person's inner psyche (Goldstein, 1995; Perlman, 1957). His psychosexual development theory and his hypotheses about the impact of sexual experiences on personality development, and the role of psychosexual development in children, provided an opportunity for the development of a new view of sexuality in the United States (Cannon, 1952; Jones, 1910).

In the public health arena, Freud's work provided impetus for discussions of sexuality and opened the way to a successful

public education campaign about syphilis. After an educational public health talk show was cancelled due to the proposed topic being syphilis, the New York Commissioner of Public Health was finally successful in his efforts to force the discussion of syphilis through the publication of a series of articles in the *Reader's Digest* in 1936 (Cannon, 1952). At nearly the same time syphilis was featured in an issue of *The Ladies Home Journal*, and the *Journal* also used its coverage of the disease in advertisements as a way to bring in subscriptions (Locke, 1939). These examples may indicate society's increased tolerance for discussions about syphilis, and it is similarly likely this tolerance was related to the emerging practice of psychoanalysis, the war-time sexual exploits of soldiers, and the unavoidable realization that syphilis could no longer be considered a disease of the poor. Ultimately, a successful public education campaign ensued and resulted in an awareness of venereal diseases that encouraged treatment and the generation of risk reduction strategies.

In the field of education, some practitioners foresaw the usefulness of shaping the sexual development of young children to prevent future deviance and used psychosexual theory as an argument for providing sex education in the school setting (Foster, 1911; Jones, 1910). Jones (1910) suggested that shaping the sexual development of children in the classroom should be a primary role of a teacher. Foster advanced the idea that "healthy mental life depends upon proper enlightenment and training in sexual matters, especially in very early life" (Foster, 1911, p. 441). Both called for sexuality to no longer be framed negatively, and for educators to include sexual education in their curricula to impress proper sexual development upon children as young as kindergarten age. Their interest in psychodynamic theory and psychosexual development was early in the timeline of public acceptance, and there was much pushback from parents and the larger society that sex education would "corrupt the morals of youth" and encourage sexual activity (Carter, 2001, p. 225). This opposition peaked between 1913 and 1918, but then fell quiet, as education became a necessary function for combating venereal disease (Carter, 2001).

In assessing the determinants of sexual behavior that occurred outside of societal norms, some professionals in

psychology and psychiatry moved from viewing sexual behavior in the context of morality, to viewing any sexual deviance as resulting from unconscious childhood conflicts. Sociologist Harvey Locke (1939) wrote about this increased attention on sex, stating it "is an object to be looked at openly and discussed frankly" (p. 842). Social work, however, remained stoic in its approach to sexuality, a subject left largely unexplored in the field.

Social Work's Relatively Unchanged Views Regarding Sexuality

The social work literature up to and through the 1950s contains little reference to sexuality or sexual behavior. In one exception, the case of a prostitute "Rita" was presented in detail by one social caseworker, Ruth Openshaw Cowell (1946). Influenced by Freud, Cowell presents prostitution as the product of the "compromised adjustment of a disturbed person" and names it a "complicated personality problem" (Cowell, 1946, p. 525). Cowell includes an assessment of Rita's early psychosexual development and declares that her "unresolved Oedipal relationships" are responsible for her involvement in prostitution (Cowell, 1946, p. 529). In her detailed report, Cowell refers to Rita's first attempt at accessing services, when the original social worker avoided Rita's desire to discuss sexuality and instead suggested church membership (Cowell, 1946). This may represent the view of most caseworkers at the time, evidenced by the lack of literature acknowledging sexuality, even when working with prostitutes.

Another social worker, Jane Judge (1951), discussed the influence of psychosexual factors in casework with unmarried mothers in an article that appeared in the popular journal *Social Casework*, which she presented at the National Conference of Social Work in 1950. Judge presented "Miss A," and provided a detailed discussion of the sexual behaviors that resulted in Miss A's pregnancy, and the role that her early psychosexual development and education was thought to have played in it (Judge, 1951).

In the early 1950s, the attitude toward unmarried mothers was marked by harsh judgment. Most women concealed their

pregnancies and many would leave their small communities to escape judgment and seek help and anonymity in large cities (Judge, 1951). Judge suggested that social workers assess their own personal views regarding unmarried mothers, pointing to the difficulty many social workers faced in separating their moral views from their desire to help.

Even medical social workers, surrounded by psychiatrists who were firmly rooted in psychoanalytic thought, continued to view sexuality through a moral lens. Ida Cannon and other hospital social workers worked with patients to address the social aspects of their disease, but left discussions about sexual behavior and minimizing disease transmission to the purview of physicians or nurses (Cannon, 1938). This is not to say that social workers did not play an important role in the treatment of syphilis patients. Indeed, they were often responsible for linking patients to outside financial, employment, and housing resources, helping patients accept the limitations resulting from their illness, and working with patients who were not compliant with treatment (Cannon, 1938; Clapp, 1943). Any discussion about sexual behavior, though, was left to those in the medical profession.

One of the most interesting revelations about sex and social work between 1930 and 1950 is found in the Smith College *Studies in Social Work* journal, which provided a space for graduating MSW students at Smith College of Social Work to present their thesis work. Publication decisions were made by the editors rather than through a peer-review process, thus it is interesting to consider the number of theses related to sexuality that were written and published in this journal. Smith's focus at the time was on psychiatric social work, which was strongly influenced at the time by Freudian theory (Hartman, 1986). Of note is that the research student authors contributed to the journal is dissimilar in focus to publications of the same period that appeared in popular, peer-reviewed, social work journals. While these students' manuscripts were rarely cited in social work journals, they were cited frequently in journals belonging to psychology and psychiatry. Whether articles that delved into the roles of sexuality and psychosexual development were not favored in the social work peer review process or whether the students simply did not submit their writings to

those journals is unknown. What is known is that some social workers were writing about sexuality, but for one reason or another sexuality did not become a common focus of concern within the profession.

The Journal of Social Work and Human Sexuality

The attempts to engage the profession in discussions about human sexuality, regardless of context, appear to have had few lasting effects on the profession as a whole. Gochros (1970) authored the first peer-reviewed journal article that called for the integration of human sexuality education as part of the regular social work curriculum. Following this monumental piece, Gochros and Schultz (1972) edited a book focused on the role of human sexuality in social work practice. The book contains twenty-six separate applications of human sexuality within a variety of social work settings, including policy development and analysis. This movement had some success in that by 1975, 55 graduate schools of social work offered courses in human sexuality (Shore, 1982).

In the first issue of the *Journal of Social Work and Human Sexuality* in 1982, Shore premises its creation on the knowledge that social workers are "actively engaged" with clients who report sexual concerns, that there are issues regarding sexuality that are "particularly idiosyncratic to the field of social work," and that there is a "dearth of material" available to social workers on issues dealing with human sexuality (Shore, 1982, p. xi). Shore additionally points to the lack of scholarly literature available in the social work journals regarding sexuality and questions whether this is due to social workers not writing and submitting articles, or the refusal of journals to publish manuscripts with a sexuality focus.

The Journal of Social Work and Human Sexuality included articles on topics including sexual abuse, HIV/AIDS, human sexuality education for social workers, sexuality across the lifespan, and sexuality among various populations (aging, disabled, institutionalized, women, etc.). The breadth of topic areas assured application to many areas in which social workers were working, but even after these works were made available there was little inclusion of manuscripts focused on

human sexuality in the larger, more highly regarded journals. In the end, the *Journal of Social Work and Human Sexuality* did not survive; its last volume was released in 1993.

A search on Google Scholar for "*Journal of Social Work and Human Sexuality*" reveals many citations of its articles in later research, which at first glance might indicate interest in sexuality within the social work profession, however the articles were generally only cited in journals belonging to psychology, psychiatry, and medicine. These articles are not available in full-text on Google Scholar, PsychInfo database, or all EbscoHost databases. In order to access its sexuality-rich content, one must have access to an academic library to secure print copies of the *Journal of Social Work and Human Sexuality*.

This bold attempt to integrate human sexuality into the social work profession, and the timely but unfortunate emergence of HIV/AIDS in the United States, had an impact on the scholarly literature. Larger, more widely available social work journals began to publish articles discussing the social "problems" that emerge as a result of sexuality issues, namely prostitution, homosexuality, and AIDS. Still, sexuality as a normal, healthy, personal, relational, and positive part of every person, remains a topic largely neglected in the social work literature.

Human Sexuality and Social Work in the Last 30 Years

Over the last thirty years, social work's approach to human sexuality has been inconsistent. Manuscripts detailing the influence of sexuality on human behavior and social problems have been primarily published in journals focused on health or women's issues, but articles are beginning to be seen in generalist practice and research journals as well. While the National Association of Social Workers (2012) issued a policy statement regarding the need for policies and services related to teenage pregnancy prevention, HIV/AIDS prevention, and access to contraception, sexuality education is not required by the Council on Social Work Education, providing no standard for competence, or comfort, for social workers in discussing issues related to human sexuality with clients.

In practice, sexuality is not typically discussed as a normal part of the human condition, but rather more often from a

reactionary approach, as seen in the literature on prostitution, sexual offending, and HIV/AIDS (Williams, Prior, & Wegner, 2013). Not unlike the syphilis crisis in the early 1900s, the emergence of HIV and AIDS in the 1980s created a health crisis in the United States. Panic ensued for much of society, and fear and moral judgment guided the initial opinions regarding the disease and its victims (Shilts, 2007). Men who have sex with men (MSM) were blamed for the appearance of the disease, and there was widespread concern that these "deviants" would spread the disease to the morally appropriate members of society (Shilts, 2007). Societal responses ranged from panic to ignoring the problem, and social workers were among those divided in their approach.

In the first decade of HIV/AIDS, social workers were faced with fears related to HIV transmission, homosexuality, discomfort with death and dying, and moral conflict (Lockhart & Wodarski, 1989; Wiener & Siegel, 1990). A study of nearly 200 MSW and BSW hospital social workers demonstrated the strong moral dilemma faced by many who worked closely with those who tested positive for HIV. Study respondents reported feeling more comfort when working with a hemophiliac infected with HIV than with a person identified as homosexual (Wiener & Siegel, 1990). One respondent found it "hard to relate to the life-style of gays or drug addicts" and to "adequately offer [gays and drug addicts] emotional support" (Wiener & Siegel, 1990, p. 21).

During this same period, some social workers engaged in what was considered "radical" advocacy by providing education about cleaning IV needles and condom use, and the formation of a public education campaign that eroticized safe sex (Shernoff, 1990). Today, social workers and case managers funded through the Ryan White Care Act engage in similar practices, ranging from providing condoms and demonstrating appropriate use of them, to engaging in explicit discussions regarding sexual behaviors and risk reduction strategies. While the goal of the program is to increase treatment adherence and decrease transmission, it is done through a sex-positive approach (Williams, Prior, & Wegner, 2013) that normalizes sex and is accepting of different expressions of sexuality.

Commercialized sex work has elicited varied reactions from social workers. There are perceived differences

between human trafficking and prostitution, reminiscent of Jane Addams' distinctions between the white slave trade and street prostitution (Addams, 1912; Rand, 2014). In the 1970s, the violence against women movement included human trafficking as one of its issues, and public attention to it increased (Alvarez & Alessi, 2012). Victims of human trafficking are seen as needing to be rescued (Alvarez & Alessi, 2012). Conversely, society views the women and men who stand on street corners selling their bodies as deviants, drug addicts, and willing participants in immoral sexual behavior (Jenness, 1990). Weiner (1996) additionally describes "street girls" as "occupy[ing] the bottom rung in the hierarchy of prostitutes" (p. 98). Society's response is often to criminalize the behavior.

Many social workers view sex work as a form of oppression that enslaves women (Alvarez & Alessi, 2012), and social work with women who are engaged in prostitution is generally focused on providing the women with social services to help them exit the commercialized sex trade (Rand, 2014; Weiner, 1996). Weiner (1996) wrote of the obligation of social workers to help "reintegrate [prostitutes] into society" (p. 104). Alternatively, some efforts are made to empower men and women who voluntarily choose sex work, to be proud of their sexuality, and so advocate for decriminalization and protection of prostitutes' rights (Alvarez & Alessi, 2012; Jenness, 1990). Call Off Your Old Tired Ethics (COYOTE), a national advocacy group founded in 1973, advocates for the "repeal of all existing prostitution laws, the reconstitution of prostitution as a credible service occupation, and the protection of prostitutes' rights as legitimate workers" (Jenness, 1990, p. 403). Social workers are among those who are active participants in this campaign.

Wahab (2004), a social worker involved with COYOTE, completed a qualitative research study with women who are engaged in commercialized sex work. Participants in this study reported a desire for social workers to be supportive and empowering of sex workers, rather than judgmental and focused on changing their behavior (Wahab, 2004). Some social workers are beginning to experiment with a sex-positive approach that focuses on individual empowerment and strengths (Williams et al., 2013). Sexuality is rarely addressed in education and job training, leaving most social workers

unprepared for discussions that arise with clients. Social workers routinely have to deal with individual moral and value conflicts, creating uncertainty and discomfort in practice.

Moving Forward: Integrating Sexuality in Social Work Practice

One hundred years after the reign of the friendly visitors and the settlement houses, discussions of sexuality still largely spring from the place of moral judgment, dichotomized into what is right and what is wrong. Further, what is right in and about human sexuality continues to suffer short shrift in the equation. While ideas about what is morally appropriate have changed, society remains divided in its opinions about LGBT identity and, even though now a constitutional right (*Obergefell v. Hodges*, 2015), about same-sex marriage. Religious texts are used to present arguments for or against governmental policies regulating sexuality, including homosexuality, contraception, and abortion.

It is imperative that social workers appreciate and integrate human sexuality into their practice. Humans are sexual beings, and sex is not just about reproduction; nor should the focus of social work remain primarily on prostitution, disease transmission, and risk reduction. Normatively, much of what was once considered deviant is now socially acceptable or at least better tolerated (Finer & Philbin, 2014; Freud, 1999). Women are not "shunned" or forced to hide in institutions for engaging in premarital sex or having children outside of marriage. Masturbation is no longer blamed for causing a multitude of psychiatric disorders (Freud, 1999). Teenage pregnancy has found a place in popular reality TV shows. Parents may even express concern if their child, as a young adult, has not yet engaged in sexual relations (Freud, 1999).

As social workers, we must examine our own beliefs regarding sexuality, be prepared to expand our competence to work in this basic area of human need and expression, and integrate an emphasis on sexual health into our everyday practice. Organizational policies, state and federal laws, and the religious institutions that are dominant forces in the United States, may at times restrict social workers' ability to discuss

sexuality with clients. As such, social workers need education regarding integrating sexuality into their practice, acknowledging that moral and political norms may limit the extent of their interventions.

The inclusion of a course in human sexuality is not required by the Council on Social Work Education, though some undergraduate and graduate programs offer such a course as an elective. Social workers who work with populations where attention to sexuality is imperative in the treatment (e.g., persons living with HIV/AIDS, teenage parents) may receive sexuality education through on-the-job training, but sexuality is not unique to these client populations. Social workers in all settings are likely to find situations where knowledge of and comfort in exploring sexuality will be beneficial. The profession must acknowledge the impact of sexuality on our practice and indeed, on our society as a whole, and be prepared to fully engage in the conversations required to make healthy sexuality synonymous with healthy people in the 21st century.

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